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APPLICATION NO.	FILING DATE	FIRST NAMED INVENTOR	ATTORNEY DOCKET NO.	CONFIRMATION NO.
09/674,714	12/19/2000	Bjarke De Jacger Gotfredsen	Scard-card reader	3520

25944 7590 04/19/2002

OLIFF & BERRIDGE, PLC
P.O. BOX 19928
ALEXANDRIA, VA 22320

EXAMINER

FRANKLIN, JAMARA ALZAIDA

ART UNIT PAPER NUMBER

2876

DATE MAILED: 04/19/2002

Please find below and/or attached an Office communication concerning this application or proceeding.



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INFORMALITY RE PAYMENT OF FEE

The informality regarding the payment of the fee in connection with ☐ the original filing fee ☒ the amendment filed Mar 12, 02 is indicated below.

A. FEE DUE

1. ☐ The amendment is considered incomplete in that the funds in Deposit Account No. _____ are insufficient to cover the entire fee due. The balance is due within the period set below.
2. ☒ The amendment is considered an incomplete response, in that payment of \$ 18.00 is insufficient to cover the claims as shown in the attached Patent Application Fee Determination Record. Remittance is due within the period set below.
3. ☐ The amendment has not been entered, since applicant has failed to remit (or authorize charge to a Deposit Account) the fee as indicated on the attached Patent Application Fee Determination Record. Remittance or authorization is due within the period set below.
4. ☐ The filing fee of \$ _____ submitted in this application is insufficient.
A balance of \$ _____ is due for additional claims.
5. ☐

APPLICANT IS GIVEN THE REMAINDER OF THE SET PERIOD FOR RESPONSE,
OR ONE (1) MONTH FROM THE DATE OF THIS LETTER, WHICHEVER IS LONGER,
WITHIN WHICH TO REMIT THE FEE OF \$ _____.

B. EXCESS PAYMENT:

5. ☐ It is noted that payment of \$ _____ is in excess of the amount necessary to cover the claims now in the application. See the attached Patent Application Fee Determination Record.

This matter of refund or credit to your account is being referred to the Finance Officer, for his consideration.

April M. Wise
CLERK OF GROUP